PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

109 0 9660

								(00	ν	1000	
CLAIMS AS FILED - PART I							SM	ALL E	NTITY		OTHE	R THAN
٦	OTAL CLANA		(Colum	n'1)	(Column 2)		TYF	'E [OF		ENTITY
TOTAL CLAIMS			1	1				ATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BAS	IC FE	385.0	OF	BASIC FEI	770.00
Ţ	OTAL CHARGE	ABLE CLAIMS	125	inus 20=	. <	• 5		\$ 9=	18	OR	X\$18=	
INDEPENDENT CLAIMS			3	ninus 3 =	• –		×	43=		OR	Voc	
М	JLTIPLE DEPE	NDENT CLAIM F	PRESENT		,,			45=		7		
* If the difference in column 1 is less than zero, enter "0" in column 2									11//	OR	L	
CLAIMS AS AMENDED - PART II							. 10	TAL	466	OR	TOTAL	
		(Column 1)	(Column 2			(Column 3)	SM	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA	RA	ATE .	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE
	Total	*	Minus	##		=	XS	9=		OR	X\$18=	6
AME	Independent		Minus	***		=	X4	3=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+14	15-		1	+290=	
l								OTAL		OR	TOTAL	
								FEE		OR	ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)				, ,		
ENT B		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	•	Minus	**	•	=	X\$	9=		OR	X\$18=	
	Independent	*	Minus	***		=	X4:	3= .	-:	OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							_				
								5=		OR	+290=	•
								FEE L	<u> </u>	OR ,	TOTAL ODIT, FEE	
·		(Column 1)		(Column		(Column 3)		•	•			
AMENDMEN C		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R	PRESENT EXTRA	RAT		ADDI- TONAL FEE		RATE	ADDI- TIONAL FEE
֪֞֝֟֓֟֝֟֟֟֟֟֟֟֟	Total	*	Minus	**		=	X\$ 9)=		OR	X\$18=	
E	ndependent		Minus	***		=	X43	_	-		X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR -	700-	
• f1	the entry in colum	nn 1 is less than the	entry in colum	nn 2 umba =0	" in onle	mp 3	+145			OR	+290=	•
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE O									OR A	TOTAL DDIT. FEE		
TI	ne *Highest Numl	ber Previously Paid	For* (Total or	SPACE is le	ess than) is the h	3, enter "3." nighest number i			priate box			